

<p style="text-align: center;"><b>Ascension Saint Agnes</b> System Policy and Procedure Manual</p>	<p style="text-align: center;"><b>Page <u>1</u> of <u>24</u></b></p>	<p style="text-align: center;"><b>SYS FI 05</b></p>
<p><b>Subject:</b></p> <p style="text-align: center;">Ascension Saint Agnes Financial Assistance Policy</p>	<p><b>Effective Date:</b> 2/05</p>	
	<p><b>Reviewed:</b> <b>Revised:</b> 3/01, 3/03, 6/08, 9/09, 6/16, 7/17, 7/18, 7/19, 2/20, 6/20, 10/20, 1/21, 4/21, 7/21, 7/22, 10/22, 12/22, 3/23, 6/23, 9/23, 12/23, 3/24, 7/24, 10/24, 12/24, 3/25, 7/25, 10/25, 1/26</p>	
<p>Approvals:</p> <p>Final - President/CEO: _____ Date: _____</p> <p>Concurrence: _____ Date _____</p> <p style="text-align: center;"><i>(Policies become effective 30 days after CEO signs.)</i></p>		

**POLICY/PRINCIPLES**

It is the policy of the organizations listed below this paragraph (each one being the “Organization”) to ensure a socially just practice for providing emergency and other medically necessary care at the Organization’s facilities. This policy is specifically designed to address the financial assistance eligibility for patients who are in need of financial assistance and receive care from the Organization. This policy applies to each of the following Organizations within Ascension Saint Agnes:

Ascension Saint Agnes, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

1. All financial assistance will reflect our commitment to and reverence for individual human dignity and the common good, our special concern for and solidarity with persons living in poverty and other vulnerable persons, and our commitment to distributive justice and stewardship.
2. This policy applies to all emergency and other medically necessary care provided by the Organization, including employed physician services and behavioral health. This policy does not apply to charges for care that is not emergency and other medically necessary care.
3. The List of Providers Covered by the Financial Assistance Policy provides a list of any providers delivering care within the Organization’s facilities that specifies which are covered by the financial assistance policy and which are not.

**SCOPE**

This policy applies to all entities of the Ascension Saint Agnes.

**DEFINITIONS**

For the purposes of this Policy, the following definitions apply:

- “**501(r)**” means Section 501(r) of the Internal Revenue Code and the regulations promulgated

thereunder.

- **“Amount Generally Billed”** or **“AGB”** means, with respect to emergency and other medically necessary care, the amount generally billed to individuals who have insurance covering such care.
- **“Community”** means patients residing in the following zip codes consistent with the Organization’s Community Health Needs Assessment (CHNA): Arbutus/Halethorpe 21227, Brooklyn/Linthicum 21225, 21090, Catonsville 21250, 21228, Gwynn Oak 21207, South Baltimore City 21223,21230, Southwest Baltimore City 21229, West Baltimore City 21215,21216,21217, Windsor Mill 21244, Elkridge 21075, Ellicott City 21043, 21042, Columbia 21044, 21045. A Patient will also be deemed to be a member of the Organization’s Community if the emergency and medically necessary care the Patient requires is continuity of emergency and medically necessary care received at another Ascension Health facility where the Patient has qualified for financial assistance for such emergency and medically necessary care.
- **“Emergency care”** means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonable by expected to result in either:
  - a. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, or
  - b. Serious impairment to bodily functions, or
  - c. Serious dysfunction of any bodily organ or part.
- **“Medically necessary care”** means care that is (1) appropriate and consistent with and essential for the prevention, diagnosis, or treatment of a Patient’s condition; (2) the most appropriate supply or level of service for the Patient’s condition that can be provided safely; (3) not provided primarily for the convenience of the Patient, the Patient’s family, physician or caretaker; and (4) more likely to result in a benefit to the Patient rather than harm. For future scheduled care to be “medically necessary care,” the care and the timing of care must be approved by the Organization’s Chief Medical Officer (or designee). The determination of medically necessary care must be made by a licensed provider that is providing medical care to the Patient and, at the Organization’s discretion, by the admitting physician, referring physician, and/or Chief Medical Officer or other reviewing physician (depending on the type of care being recommended). In the event that care requested by a Patient covered by this policy is determined not to be medically necessary by a reviewing physician, that determination also must be confirmed by the admitting or referring physician.
- **“Organization”** means Ascension Saint Agnes.
- **“Patient”** means those persons who receive emergency and other medically necessary care at the Organization and the person who is financially responsible for the care of the patient.

### **Financial Assistance Provided**

Financial assistance described in this section is limited to Patients that live in the Community:

1. Subject to the other provisions of this Financial Assistance Policy, Patients with income less than or equal to 250% of the Federal Poverty Level income (“FPL”), calculated at the time of service or updated, as appropriate, to account for any change in the Patient’s financial circumstances occurring within 240 days after the initial bill, will be eligible for 100% charity care on that portion of the charges for services for which the Patient is responsible following payment by an insurer, if any, if such Patient determined to be eligible pursuant to presumptive scoring (described in Paragraph 7 below) or submits a financial assistance application (an “FAP Application”) on or prior to the 240th day after the Patient’s first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for up to 100% financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account, unless a refund is prescribed under Maryland Law and Section 3(b) of the Organization’s

Billing and Collections Policy.<sup>1</sup> A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.<sup>2</sup>

- Subject to the other provisions of this Financial Assistance Policy, Patients with incomes above 250% of the FPL but not exceeding 400% of the FPL, will receive a sliding scale discount on that portion of the charges for services provided for which the Patient is responsible following payment by an insurer, if any, if such Patient submits a FAP Application on or prior to the 240th day after the Patient’s first discharge bill and the Application is approved by the Organization. Patient will be eligible for the sliding scale discount financial assistance if Patient submits the FAP Application after the 240th day after the Patient’s first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less. The sliding scale discount is as follows:

**FINANCIAL ASSISTANCE SCALE**

As of July 1, 2024

**For Hospital Facility Services Only (Regulated)**

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$15,060	\$30,120	\$33,890	\$37,650	\$41,420	\$45,180	\$48,950	\$52,710	\$56,480	\$60,240
2	\$20,440	\$40,880	\$45,990	\$51,100	\$56,210	\$61,320	\$66,430	\$71,540	\$76,650	\$81,760
3	\$25,820	\$51,640	\$58,100	\$64,550	\$71,010	\$77,460	\$83,920	\$90,370	\$96,830	\$103,280
4	\$31,200	\$62,400	\$70,200	\$78,000	\$85,800	\$93,600	\$101,400	\$109,200	\$117,000	\$124,800
<b>Saint Agnes Discount</b>	100%	100%	100%	100%	75%	50%	25%	15%	12%	11.8%

**For Professional Services (Deregulated)\***

Household Size	Charity Care				Financial Assistance Program					
	100%	to 200%	to 225%	to 250%	to 275%	to 300%	to 325%	to 350%	to 375%	to 400%
1	\$15,060	\$30,120	\$33,890	\$37,650	\$41,420	\$45,180	\$48,950	\$52,710	\$56,480	\$60,240
2	\$20,440	\$40,880	\$45,990	\$51,100	\$56,210	\$61,320	\$66,430	\$71,540	\$76,650	\$81,760
3	\$25,820	\$51,640	\$58,100	\$64,550	\$71,010	\$77,460	\$83,920	\$90,370	\$96,830	\$103,280
4	\$31,200	\$62,400	\$70,200	\$78,000	\$85,800	\$93,600	\$101,400	\$109,200	\$117,000	\$124,800
<b>Saint Agnes Discount</b>	100%	100%	100%	100%	90%	80%	70%	60%	55%	45.1%

*\*Includes the following services:  
Seton Imaging*

<sup>1</sup> Pursuant to Maryland Code Section 19-214.2(c)(1-3), if Organization discovers that Patient was eligible for free care on a specific date of service (using Organization’s eligibility standards applicable on that date of service) and that specific date is within a two (2) year period of discovery, the patient shall be refunded amounts the Organization received from Patient or Patient’s guarantor exceeding twenty-five dollars. If Organization documents a lack of cooperation from the patient or guarantor in providing information needed to determine Patient’s eligibility for free care, the two (2) year period may be reduced to thirty (30) days from the date of initial request for Patient’s information. If the Patient is enrolled in a means-tested government health plan that requires Patient to pay out-of-pocket healthcare expenses, then Patient shall not be refunded any amount that may result in patient losing financial eligibility for such health plan coverage.

<sup>2</sup> Pursuant to COMAR 10.37.10.26(A-2)(2)(a)(iii), the maximum patient payment for reduced-cost care is not to exceed the charges minus the hospital mark-up.

*Lab Outreach*  
*Seton Medical Group*  
*Ascension Medical Group*  
*Ascension Saint Agnes Medical Group*  
*Integrated Specialist Group*  
*Radiologists Professional Services*  
*Anesthesia Professional Services*

3. Subject to the other provisions of this Financial Assistance Policy, a Patient with i) income greater than 400% of the FPL but not exceeding 500% of the FPL and ii) medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is incurred by the Patient over a twelve (12) month period that is equal to or greater than 25% of such Patient's household's gross income; will be eligible for financial assistance as set forth in this paragraph. The level of financial assistance provided is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for such financial assistance if the Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
4. Subject to the other provisions of this Financial Assistance Policy, a Patient with income greater than 500% of the FPL may be eligible for financial assistance under a "Means Test" for some discount of Patient's charges for services from the Organization based on a Patient's total medical debt. A Patient will be eligible for financial assistance pursuant to the Means Test if the Patient has excessive total medical debt, which includes medical debt to Ascension and any other health care provider, for emergency and other medically necessary care, that is equal to or greater than such Patient's household's gross income. The level of financial assistance provided pursuant to the Means Test is the same as is granted to a patient with income at 400% of the FPL under Paragraph 2 above, if such Patient submits a FAP Application on or prior to the 240th day after the Patient's first discharge bill and the FAP Application is approved by the Organization. Patient will be eligible for the means test discount financial assistance if such Patient submits the FAP Application after the 240th day after the Patient's first discharge bill, but then the amount of financial assistance available to a Patient in this category is limited to Patient's unpaid balance after taking into account any payments made on Patient's account. A Patient eligible for this category of financial assistance will not be charged more than the charges minus the hospital mark-up or the calculated AGB charges, whichever is less.
5. All patients who are Maryland residents will be eligible for an income-based payment plan. The monthly payment for such a payment plan will not exceed 5% of the lesser of the patient's federal or state adjusted gross monthly income.
6. The determination of a Patient's income shall include consideration of the household size of the Patient, which consists of the Patient and the following individuals: (1) a spouse (regardless of whether the patient and spouse expect to file a joint federal or State tax return); (2) biological, adopted, or stepchildren; and (3) anyone for whom Patient claims a personal exemption in federal or State tax returns. If the Patient is a child, the household size shall consist of the child and the following individuals: (1) biological parents, adopted parents, or stepparents or guardians, (2) biological siblings, adopted siblings, or stepsiblings; and (3) anyone for whom the Patient's parents or guardians claim a personal exemption in a federal or State tax return.
7. A Patient may not be eligible for the financial assistance described in Paragraphs 1 through 4 above if

such Patient is deemed to have sufficient assets to pay pursuant to an “Asset Test<sup>3</sup>.” The Asset Test involves a substantive assessment of a Patient’s ability to pay based on the categories of assets measured in the FAP Application. The Organization will only consider household monetary assets in excess of \$100,000 when determining eligibility for Financial Assistance using the Asset Test.

8. Eligibility for financial assistance may be determined at any point in the revenue cycle, provided that patient shall remain eligible for at least a twelve (12) month period beginning on date when care was first received, and may include the use of presumptive scoring for a Patient with a sufficient unpaid balance within the first 240 days after the Patient’s first discharge bill to determine eligibility for 100% charity care notwithstanding Patient’s failure to complete an FAP Application. If Patient is granted 100% charity care without submitting a completed FAP Application and via presumptive scoring only, the amount of financial assistance for which Patient is eligible is limited to Patient’s unpaid balance after taking into account any payments made on Patient’s account. A determination of eligibility based on presumptive scoring only applies to the episode of care for which the presumptive scoring is conducted.
9. For a Patient that participates in certain insurance plans that deem the Organization to be “out-of-network,” the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient’s insurance information and other pertinent facts and circumstances.
10. Unless otherwise eligible for Medicaid or CHIP, patients who are beneficiaries/recipients of the following means-tested social service programs are deemed eligible for charity care, provided that the patient submits proof of enrollment within 30 days unless the patient or the patient’s representative requests an additional 30 days:
  - a. Households with children in the free or reduced lunch program;
  - b. Supplemental Nutritional Assistance Program (SNAP);
  - c. Low-income household energy assistance Program;
  - d. Women, Infants and Children (WIC);
  - e. Other means-tested social services program deemed eligible for hospital free care by the Department of Health and Mental Hygiene and the HSCRC.
11. The Patient may request reconsideration of any denial of eligibility for Financial Assistance by providing additional information to the Organization within fourteen (14) calendar days of receipt of notification of denial. All appeals will be reviewed by the Organization for a final determination. If the final determination affirms the previous denial of Financial Assistance, written notification will be sent to Patient. The process for Patients and families to appeal the Organization’s decisions regarding eligibility for financial assistance is as follows:
  - a. Patients will be notified of ineligibility of financial assistance through the hospital’s financial assistance denial letter. Patients or families may appeal decisions regarding eligibility for financial assistance by contacting: Patient Financial Services in writing at 900 Caton Ave., Baltimore, Md. 21229.
  - b. All appeals will be considered by the Organization’s financial assistance appeals committee, and decisions of the committee will be sent in writing to the Patient or family that filed the appeal.
  - c. Maryland’s Health Education Advocacy Unit (HEAU) is available to assist the Patient in filing and mediating a reconsideration request. The Patient may contact the HEAU as follows:

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<sup>3</sup> Pursuant to COMAR .26 (A-2)(8) and Maryland Statutes Section 19-213-1(b)(8)(ii), retirement assets to which the IRS has granted preferential tax treatment as a retirement account, including, but not limited to, deferred-compensation plans qualified under the Internal Revenue Code or nonqualified deferred-compensation plans shall be excluded from the Asset Test.

Office of the Attorney General  
Consumer Protection Division  
Health Education and Advocacy Unit  
200 St. Paul Place, 16th Floor  
Baltimore, MD 21202  
[heau@oag.state.md.us](mailto:heau@oag.state.md.us)  
(877) 261-8807 toll-free phone  
(410) 576-6571 facsimile  
<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>

**Other Assistance for Patients Not Eligible for Financial Assistance (applicable to non-hospital services only)**

Patients who are not eligible for financial assistance, as described above, still may qualify for other types of assistance offered by the Organization. In the interest of completeness, these other types of assistance are listed here, although they are not need-based and are not intended to be subject to 501(r) but are included here for the convenience of the community served by the Organization.

1. Uninsured Patients receiving services at Seton Imaging, Lab Outreach or Professional Services who are not eligible for financial assistance will be provided a discount based on the discount provided to the highest-paying payor for that Organization. The highest paying payor must account for at least 3% of the Organization's population as measured by volume or gross patient revenues. If a single payor does not account for this minimum level of volume, more than one payor contract should be averaged such that the payment terms that are used for averaging account for at least 3% of the volume of the Organization's business for that given year.

**Limitations on Charges for Patients Eligible for Financial Assistance**

1. Patients eligible for Financial Assistance will not be charged individually more than AGB for emergency and other medically necessary care and not more than gross charges for all other medical care. The Organization calculates one or more AGB percentages using the "look-back" method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with 501(r). A free copy of the AGB calculation description and percentage(s) may be obtained on the Organization's website or by contacting Patient Financial Services in writing/in person at 900 S. Caton Ave., Baltimore, MD 21229.

**Applying for Financial Assistance and Other Assistance**

A Patient may qualify for financial assistance through presumptive scoring eligibility or by applying for financial assistance by submitting a completed FAP Application. The FAP Application and FAP Application Instructions are available on the Organization's website or by calling Patient Financial Assistance at 1-667-234-2140. FAP applications are also available at various Registrations Locations throughout the hospital. The Organization will require the uninsured to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). A Patient may be denied financial assistance if the Patient provides false information on a FAP Application or in connection with the presumptive scoring eligibility process, if the patient refuses to assign insurance proceeds or the right to be paid directly by an insurance company that may be obligated to pay for the care provided, or if the patient refuses to work with a financial counselor to apply for Medicaid or other public assistance programs for which the patient is deemed to be potentially eligible in order to qualify for financial assistance (except where eligible and approved via presumptive scoring). The Organization may consider a FAP Application completed less than six months prior to any eligibility determination date in making a determination about eligibility for a

current episode of care. The Organization will not consider a FAP Application completed more than six months prior to any eligibility determination date.

### **Billing and Collections**

The actions that the Organization may take in the event of nonpayment are described in a separate billing and collections policy. A free copy of the billing and collections policy may be obtained on the Organization's website or by contacting Patient Financial Services at 1-667-234-2140.

### **Interpretation**

This policy, together with all applicable procedures, is intended to comply with and shall be interpreted and applied in accordance with 501(r) except where specifically indicated.

**Ascension Saint Agnes**

**LIST OF PROVIDERS COVERED BY THE FINANCIAL ASSISTANCE POLICY**

As of 1/1/2026

The list below specifies which providers of emergency and other medically necessary care delivered in the hospital facility are covered by the Financial Assistance Policy (FAP). *Please note that any care that is not emergency and other medically necessary care is not covered by the FAP for any providers.*

Providers covered by FAP	Providers not covered by FAP
Seton Medical Group Ascension Medical Group Integrated Specialist Group Saint Agnes Medical Group Vituity CEP America	ABDELAZIM,SUZANNE A D.O. ABDELHADY,HEIDI MD ABDUR-RAHMAN,NAJLA MD ABERNATHY,THOMAS MD ADAMS,SCOTT MD ADDO M.D.,RICHARD O ADIB,FARSHAD MD AFZAL,MUHAMMAD MD AHLUWALIA,GURDEEP S MD AHMED,AZRA MD AHUJA,NAVNEET K MD AKABUDIKE,NGOZI M MD AKHTAR,YASMIN DO AKHTER,NABEEL M M.D. ALBRECHT,ROBERT A MD AL BULUSHI,YARAB M MD ALEBDI,THAMER A MD ALEX,BIJU K MD ALI,LIAQAT MD ALI,PREETHA MD ALLEN,DANISHA MD ALLISON,MICHAEL G. MD ALONSO,ADOLFO M MD AMDEMICHAEL,EDEN T MD AMERI,MARIAM MD AMIN,SHAHRIAR MD ANANDAKRISHNAN,RAVI K MD ANDRADE,JORGE R MD ANSARI,MOHSIN MD APGAR,LESLIE MD APOSTOLIDES,GEORGE Y MD ARCHER,CORRIS E MD ARIAS VILLELA,NATALIA MD ARSHAD,RAJA R MD ASHLEY JR,WILLIAM W MD AVERBACH,ANDREW M MD

AWAN,HASAN A MD  
AWAN,MATEEN A MD  
AZIE,JULIET C MD  
AZIZ,SHAHID MD  
BAJAJ,BHAVANDEEP MD  
BAJAJ,HARJIT S MD  
BAKER,CHRISTINE M MD  
BAKER,MARTHA MD  
BANEGURA,ALLEN T MD  
BARBOUR,WALID K MD  
BASKARAN,DEEPAK MD  
BASKARAN,SAMBANDAM MD  
BASTACKY,DAVID C DMD  
BEHRENS,MARY T MD  
BELTRAN,JUAN A MD  
BENVENUTO,VICTOR MD  
BERGER,LESLY MD  
BERHIE,WONDAFEREW A M.D.  
BERKENBLIT,SCOTT I MD  
BERNIER,MEGHAN M.D.  
BEZIRDJIAN,LAWRENCE C MD  
BHARGAVA,NALINI MD  
BHASIN,SUSHMA MD  
BHATTI,NASIR I MD  
BLAM,OREN G MD  
BODDETI,ANURADHA MD  
BOYKIN,DIANE MD  
BRAMLETTE,JAMES MD  
BRITT,CHRISTOPHER J MD  
BROGDON,LINDA E MD  
BROOKLAND,ROBERT K M.D.  
BROUILLET, JR.,GEORGE H MD  
BROWN,JACQUELINE A MD  
BURN,SEAN D MD  
CAHILL,EDWARD H MD  
CALLAHAN,CHARLES W DO  
CARPENTER,MYLA MD  
Carrodegua,Emmanuel MD  
CARTER,MIHAELA M.D.  
CHAKRAVORTY,DEVI MD  
CHANG,HENRY MD  
CHATTERJEE,CHANDANA MD  
CHECCA,MARISA M.D.  
CHEIKH,EYAD MD  
CHEN,ZHAOMING MD  
CHEUNG,AMY M MD

CHINSKY,JEFFREY M MD  
CHOUDHRY,SHABBIR A MD  
CHRISTOPHER,KATINA S MD  
CLONMELL,DIANE J LCPC  
COHEN GLICKMAN,KAREN MD  
COHEN,GORDON MD  
COLANDREA,JEAN MD  
COSENTINO,ENZO MD  
CROWLEY,HELENA M MD  
CRUZ,MARCOS J. M.D.  
CURTIS,CHARLES MD  
CURTIS,LAUREN MD  
DA SILVA,MONICA L MD  
DAVALOS,JULIO MD  
DAVIS,NNEKA N DMD  
DAVIS ROLAND,LASHEA MD  
DEBORJA,LILIA L MD  
DEJARNETTE,JUDITH MD  
DE JESUS-ACOSTA,ANA MARIA CRIS  
DELLABADIA JR,JOHN MD  
DEOL,DILRAJ MD  
DESAI,KIRTIKANT I MD  
DESAI,MONALI Y MD  
DESAI,SHAUN C MD  
DIAZ-MONTES,TERESA P MD  
DIB,SALIM I MD  
DICKSTEIN,RIAN MD  
DIDOLKAR,MUKUND S MD  
DOHERTY,BRENDAN MD  
DORIA,JOSEPH W M.D.  
DOVE,JOSEPH DPM  
Drescher,Max MD  
DROSSNER,MICHAEL N MD  
DAULAT,WENDY C DDS  
DUA,VINEET MD  
DUBOIS,BENJAMIN MD  
DUNNE,MEAGAN MD  
DUONG,BICH T MD  
DURST,GEORGE A MD  
DUSON,SIRA M MD  
DZIUBA,SYLWESTER MD  
EGERTON,WALTER E MD  
EISENMAN,DAVID J MD  
ENELOW,THOMAS MD  
ENGLUM,BRIAN R MD  
EPSTEIN,DAVID K MD

ERAS,JENNIFER L MD  
ERINNE,IKENNE C MD  
FALCAO,KEITH D MD  
FATTERPAKER,ANIL MD  
FELTON,PATRICK M. DPM  
FERNANDEZ,RODOLFO E MD  
FILDERMAN,PETER S MD  
FLOYD,DEBORA M LCPC  
FONG,NEPHENTHE I MD  
FOSTER,SARA J MD  
FRAYHA,NEDA MD  
FRAZIER,TIMOTHY S MD  
FREEMAN,SARAH E MD  
FUGOSO,VALERIANO P MD  
FUSSNER,STEVEN L. M.D.  
GABLE,ASHLEY D MD  
GABLE,NICOLE J MD  
GALITA,OLIVER C MD  
GANGALAM,AJAY B M.D.  
GARCIA LOPEZ de VICTORIA,ELIZA  
GARCIA,PABLO MD  
GARDNER,JONATHAN D. M.D.  
GARG,AKASH MD  
GARG,PRADEEP MD  
GELFMAN,DANIEL M MD  
GEORGIA,JEFFREY MD  
GERSH,STEVEN DPM  
GERSTENBLITH,DANIEL DPM  
GIARDINA,VITO N DPM  
GILLILAN,RONALD E MD  
GLASER,STEPHEN R MD  
Glenn,George MD  
GOBRIAL,EVEIT E MD  
GOFF,DANIEL J MD  
GOLDMAN,MICHAEL H MD  
GOMA,MONIQUE L MD  
GORMLEY,PAUL E MD  
GRAHAM, JR.,CHARLES R MD  
GREENE,CAROL L MD  
GREEN-SU,FRANCES M MD  
GRIFFITHS,DIANA H MD  
GROSSO,NICHOLAS MD  
GRUNEBERG,SHERRI L MD  
GUARDIANI,ELIZABETH A MD  
GUPTA,DEEPAK MD  
GURAN,LARISSA M.D.

GURETZKY,TARA MD  
GURSKY,ANDREI MD  
HABIB,FADI M.D.  
HALL,LAHAINA MD  
HANSEN,CHRISTIAN H MD  
HAQUE,MAHMUDUL MD  
HARBIN,ANDREW MD  
HAROUN,RAYMOND I MD  
HASAN,KAAZIM  
HASAN,NAVEED MD  
HATTEN,KYLE M MD  
HAYWARD,GERALD MD  
HEBERT,ANDREA M MD  
HENNESSY,ROBERT G MD  
HENRY,GAVIN MD  
HICKEN,WILLIAM J MD  
HILLSLEY,RUSSELL E MD  
HILL,TERRI MD  
HOCHULI,STEPHAN U MD  
HOFFLER,HAYDEN L DPM  
HUDES,RICHARD MD  
HUNDLEY,JEAN C MD  
HUSAIN,SUMAIR M. MD  
HYSLOP,ANI MD  
IM,DWIGHT D MD  
IMIRU,ABEBE MD  
INCE,CARLOS MD  
ISAIAH,AMAL MD  
IWEALA,UCHECHI A MD  
JABLONOVER,MICHAEL M.D.  
JACKSON,PRUDENCE MD  
JACOB,ASHOK C MD  
JACOBS,MARIANNE B DO  
JANZ,BRIAN A MD  
JENNINGS,SHANNON M MD  
JOHNSON,GLEN E MD  
JOHNSON,GERGORY L MD  
JOHNSON,KELLY MD  
JULKA,SURJIT S MD  
KAHL,LAUREN MD  
KALRA,KAVITA B MD  
KANTER,MITCHEL A MD  
KANTER,WILLIAM R MD  
KAUFMAN,ADAM C M.D.  
KHANJAR,SAMIR MD  
KHAN,JAVEED MD

KHAN,MOHAMMAD MD  
KHAN,RAO A MD  
KHULPATEEA,BEMAN R MD  
KHURANA,ARUNA Y MD  
KILMORE,DONNA L MSW  
Kim,Eric S MD  
KIM,LISA MD  
KIM,SOON JA MD  
KLEBANOW,KENNETH M MD  
KLEINMAN,BENJAMIN DPM  
KOPACK,ANGELA M MD  
KORGAONKOR,SONAL MD  
KOWDLEY,GOPAL C MD  
KRUPNICK,ALEXANDER S MD  
KUHN,FREDERICK MD  
KUMAR,AJAY V. MD  
KUMAR,RAMESH MD  
KUPPUSAMY,TAMIL S MD  
KYERE M.D.,SAMPSON A  
LALA,PADMA M MD  
LANCELOTTA,CHARLES J MD  
LANDIS,JEFFREY T MD  
LANDRUM,B. MARK MD  
LANDRUM,DIANNE J MD  
LANDSMAN,JENNIFER MD  
LANE,ANNE D MD  
LANGER,KENNETH F MD  
LANTZ,JENNIFER MS, CCC/A  
LAVIE,THOMAS J MD  
LEBLANC,DIANA M.D.  
LEE,DANA M MD  
LEVIN,BRIAN M MD  
LEVY,DAVID MD  
LIN,ANNIE Z MD  
LING,CAROLINE M MD  
LIPTON,MARC DPM  
LI,ROBIN Z MD  
LIU,JIA MD  
LOBERT,PHILIP F MD  
LONG,ADRIAN E MD  
LOSHAKOV,VADIM MD  
LOTLIKAR,JEFFREY P MD  
LOWDER,GERARD M MD  
LUMPKINS,KIMBERLY M. M.D.  
LUTZ,MELISSA R MD  
MABRY,CASEY H MD

MACIEJEWSKI,SHARON PT  
MADDEN,JOSHUA S MD  
MAKONNEN,ZELALEM MD  
MALLALIEU,JARED DO  
MALONEY,PATRICK MD  
MAMO,GEORGE J MD  
MANDIR,ALLEN S MD  
MARK, TIFFANY MD  
MARTINEZ MORALES,ANDY J MD  
MARTINEZ,ANTHONY MD  
MASON,KAREN T MD  
MASTERSON,JAMES MD  
MATSUNAGA,MARK T MD  
MAUNG,TIN O MD  
MAYO,LINDA D OTS  
MCCARUS,DAVID MD  
MCCORMACK,SHARON J MD  
MEDWIN,IRINA MD  
MEININGER,GLENN R MD  
MENDHIRATTA,NEIL MD  
MENDIOLAZA,JESUS M.D.  
METZGER,DIANA MD  
MILLER,KAREN J MD  
MILLER,PAUL R MD  
MILLER,RACHAEL B MD  
MINAHAN,ROBERT E M.D., JR  
MISKI,PINAR MD  
MITCHELL,ANTHONY L M.D.  
MITCHERLING,JOHN J DDS  
MITCHERLING,WILLIAM W DDS  
MOGHBELI,HOMAYOON MD  
MOORE,JAMES T MD  
MOORE,ROBERT F M.D.  
MORRIS,RODETTA MD  
MUMTAZ,M. ANWAR MD  
MUNIRA,SIRAJUM MD  
MURPHY,ANNE MD  
MURTHY,KALPANA MD  
MYDLARZ,WOJCIECH MD  
NAKAZAWA,HIROSHI MD  
NALLU,ANITHA M.D.  
NARAYEN,GEETANJALI MD  
NEMATI,VAHAB MD  
NEUNER,GEOFFREY MD  
NEUZIL,DANIEL F MD  
NILES JR,JOHN H

NOKURI,SAMUEL MD  
NOUR,SEEMA M.D.  
NWODIM,CHUKWUEMEKA MD  
O'BRIEN,CAITLIN MD  
O'CONNOR,MEGHAN P MD  
ODUYEBO,TITILOPE M.D.  
OLLAYOS,CURTIS MD  
OTTO,DAVID I MD  
OTTO,JAMES MD  
OWENS,KERRY MD  
OWUSU-ANTWI,KOFI MD  
PAIVANAS,BRITTANY M MD  
PARDI,MARIA MD  
PARISI,CHRISTINA A MD  
PARK,CHARLES MD  
PATEL,ALPEN MD  
PATEL,ANOOP MD  
PERVAIZ,KHURRAM MD  
PETERSON,ANALETA N MD  
PETERS,MATTHEW N MD  
PETIT,LISA MD  
PHILLIPS JR,GREGORY D MD  
PIEPRZAK,MARY A MD  
PIROUZ,BABAK MD  
PLANTHOLT,STEPHEN J MD  
POLSKY,MORRIS B MD  
POON,THAW MD  
POWELL,HARTAJ K MD  
PRESTI,MICHAEL S DPM  
PULLMANN,RUDOLF MD  
PUNTENNEY,ELIZABETH A MD  
PURDY,ANGEL MD  
QURESHI,JAZIBETH A MD  
RAHMAN,ARMINA  
RAIKAR,RAJESH V MD  
RAJA,GEETHA MD  
Ramaseshan,Aparna S MD  
RAMOS,ALBERTO R MD  
RANKIN,ROBERT MD  
RAVENDHRAN,NATARAJAN MD  
REDDY,ANURADHA MD  
REED,ANN MD  
REHMAN,MALIK A MD  
REILLY,CHRISTINE MD  
REINER,BARRY J MD  
RICHARDSON,JAMES P MD

RICHARDSON,LEONARD A MD  
RITTER,CAROL E MD  
ROBERTSON,KAISER MD  
RODRIGUEZ,ISMAEL MD  
ROTH,JOHN DPM  
ROTTMANN,EVA I DO  
RUSSELL,JONATHON O MD  
RYU,HYUNG MD  
SABAHI,HANI S  
SABOURY SICHANI,BABAK MD  
SAIEDY,SAMER MD  
SAINI,ANJALI MD  
SAINI,RUMNEET K MD  
SAKIANI,SANAZ MD  
SALAS,LOUIS MD  
SALENGER,RAWN V MD  
SALIM,MUBADDA MD  
SALVO,EUGENE C MD  
SANDERSON,SEAN O M.D.  
SANDHU,RUPINDER MD  
SANGHAVI,MILAN MD  
SANTOS,MARIA L MD  
SARDANA,NEERAJ MD  
SARKAR,RAJABRATA MD  
SAVAGE,ANGELA Y DPM  
SAYERS,RONALD M MD  
SCHAUBLIN,GREG A.  
SCHNEYER,MARK MD  
SCHULTHEISS,KIM E M.D.  
SCHWEITZER,EUGENE M.D.  
SCURRY,TANYA MD  
SEIBEL,JEFFREY L MD  
SEKICKI,VUK MD  
SETYA,VINEY R MD  
SHAH,RAJESH M MD  
SHAHROUKI,PUJA MD  
SHAH,SEJAL MD  
SHAIKH,NAOMI N MD  
SHAPIRO,ANNE M PHD  
SHAPIRO ,BRUCE K  
SHAW,COREY DO  
SHORTS,ALISON MSCCC-SLP  
SHUSTER,JERI MD  
SILBER,GLENN MD  
SILBER,MOLLY H MD  
SILHAN,LEANN MD

SILVERSTEIN,SCOTT MD  
SIMLOTE,KAPIL MD  
SIMMONS,SHELTON MD  
SIMO,ARMEL MD  
SINGH,GURTEJ MD  
SINGH,NOVIA DO  
SINNO,FADY MD  
SIZAR,OMEED D.O.  
SKLAR,GEOFFREY MD  
SMENTKOWSKI,KATHERINE E MD  
SMITH,BRANDON M MD  
SMITH,DENNIS MD  
SMITH,RACHELLE MD  
SMITH,WARREN J MD  
SNOW,GRACE E MD  
SOILEAU-BURKE,MONIQUE J MD  
SOLOMON,MISSALE MD  
SOMSEN,DAVID H MD  
SPIOTTO,ERNEST MD  
SRIVALI,NARAT MD  
STAUBER,ZIVA Y MD  
STERN,MELVIN S MD  
STEWART,SHELBY J MD  
STRAUCH,ERIC MD  
SUNDEL,ERIC M.D.  
Subei,Mhd O MD  
SURMAK,ANDREW J MD  
SWANTON,EDWARD MD  
SWETT,JEFFREY T DO  
SYDNEY,SAM V MD  
TAGHIZADEH,MAAKAN MD  
TAN,SIMON S MD  
TANSINDA,JAMES MD  
TAYLOR,RODNEY J MD  
THOMAS,MICHELLE D M.D.  
THOMAS,RADCLIFFE MD  
THOMPSON III,WILLIAM R MD  
TIBUAKUU,MARTIN M.D.  
TOLLEY,MATTHEW DPM  
TUCHMAN,DAVID N MD  
TURAKHIA,BIPIN K MD  
TUUR-SAUNDERS,SYLVANA MD  
TWIGG,AARON MD  
UDOCHI,NJIDEKA MD  
VAKHARIA,KALPESH T MD  
VALLECILLO,JORGE MD

VASANTHAKUMAR,MUTHUKRISHNAN MD  
VIGIOLA CRUZ,MARIANA MD  
VITHANA,RUKMALEE E MD  
VON WALDNER,CHRISTINA A LCPC  
VYAS,RITU MD  
WAHEED,USMAN MD  
WALLACE,MICHAEL MD  
WALTROUS,JUSTIN D MD  
WARDEN,MARJORIE K MD  
WHIPPS,RANDOLPH G MD  
WHITE,PATRICK W MD  
WILLIAMS,SAMUEL R MD  
WINAKUR,SHANNON MD  
WOLF,JEFFREY S MD  
WORMSER,BENJAMIN K MD  
XIE,KE MD  
YIM,KENNETH MD  
ZADE,RALPH MD  
ZHANG,LINDY MD  
ZHAO,JUN MD  
ZHU,WEIMIN MD  
ZUNIGA,LUIS M MD

**Ascension Saint Agnes**

**AMOUNT GENERALLY BILLED CALCULATION**

07/01/2024

Ascension Saint Agnes calculates two AGB percentages – one for hospital facility charges and one for professional fees – both using the “look-back” method and including Medicare fee-for-service and all private health insurers that pay claims to the Organization, all in accordance with IRS Reg. Sec. 1.501(r)-5(b)(3), 1.501(r)-5(b)(3)(ii)(B) and 1.501(r)-5(b)(3)(iii). The details of those calculations and AGB percentages are described below.

The AGB percentages for Ascension Saint Agnes are as follows:

AGB for hospital facility charges: 89.4%

AGB for physicians’ professional fees: 54.9%

These AGB percentages are calculated by dividing the sum of the amounts of all of the hospital facility’s claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility (separately for facility charges and professional services) by the sum of the associated gross charges for those claims. The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12-month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months).

\*Notwithstanding the foregoing AGB calculation, Ascension Saint Agnes has chosen to apply a lower AGB percentage for hospital facility charges as follows:

AGB: 88.2%

**Ascension Saint Agnes**

Ascension Saint Agnes, Ascension Medical Group, Seton Imaging, Lab Outreach, Integrated Specialist Group, Radiologists Professional Services, Anesthesia Professional Services

## **Summary of Financial Assistance Policy**

Ascension Saint Agnes, including the health ministries listed above, have a commitment to and respect for each person's dignity with a special concern for those who struggle with barriers to access healthcare services. Ascension Saint Agnes has an equal commitment to manage its healthcare resources as a service to the entire community. In furtherance of these principles, Ascension Saint Agnes provides financial assistance for certain individuals who receive emergency or other medically necessary care from Ascension Saint Agnes. This summary provides a brief overview of Ascension Saint Agnes's Financial Assistance Policy.

### **Who Is Eligible?**

You may be able to get financial assistance if you live in Arbutus/Halethorpe 21227, Brooklyn/Linthicum 21225, 21090, Catonsville 21250, 21228, Gwynn Oak 21207, South Baltimore City 21223,21230, Southwest Baltimore City 21229, West Baltimore City 21215,21216,21217, Windsor Mill 21244, Elkridge 21075, Ellicott City 21043, 21042, Columbia 21044, 21045. Financial assistance is generally determined by your total household income as compared to the Federal Poverty Level. If your income is less than or equal to 250% of the Federal Poverty Level, as calculated at the time of the service and for a period of 240 days after the bill is issued, you may receive a 100% charity care write-off on the portion of the charges for which you are responsible. If your income is above 250% of the Federal Poverty Level but does not exceed 500% of the Federal Poverty Level, you may receive discounted rates on a sliding scale or a based on a means test. If you have medical debt for emergency and medically necessary care that exceeds your income, you may be eligible for a discount. If you have assets in excess of 250% of your Federal Poverty Level income amount you may not qualify for financial assistance. Patients who are eligible for financial assistance will not be charged more than the charges minus the hospital mark-up or the amounts generally billed to patients with insurance coverage, whichever is less.

### **Written Estimate.**

Patients shall have the right to request and receive a written estimate of the total charges for hospital nonemergency services, procedures, and supplies that reasonably are expected to be provided for professional services by the hospital.

### **What Services Are Covered?**

The Financial Assistance Policy applies to emergency and other medically necessary care. Physician charges are not included in the hospital bill and will be billed separately. These terms are defined in the Financial Assistance Policy. All other care is not covered by the Financial Assistance Policy.

### **How Can I Apply?**

To apply for financial assistance, you typically will complete a written application and provide supporting documentation, as described in the Financial Assistance Policy and the Financial Assistance Policy application. For an application, please contact 667-234-2140.

### **How Can I Get Help with an Application?**

For help with a Financial Assistance Policy application, you may contact Patient Financial Services at 667-234-2140, the Maryland Medical Assistance at 1-855-642-8572 or internet [www.dhr.state.md.us](http://www.dhr.state.md.us), or your local Department of Social Services by phone 1-800-332-6347; TTY: 1-800-925-4434.

### **How Can I Get More Information?**

Copies of the Financial Assistance Policy and Financial Assistance Policy application form are available at <https://healthcare.ascension.org/Locations/Maryland/MDBAL/Baltimore-Saint-Agnes-Hospital> and at 900 S. Caton Avenue, Baltimore, MD 21229, Patient Financial Services Department. Free copies of the Financial Assistance Policy and Financial Assistance Application also can be obtained by mail by contacting the Patient Financial Services Department at 667-234-2140. You can also contact Maryland's Health Education Advocacy Unit at: 200 St. Paul Place, 16th Floor, Baltimore, MD 21202 [heau@oag.state.md.us](mailto:heau@oag.state.md.us)  
1-877-261-8807  
FAX 410-576-6571  
<https://www.marylandattorneygeneral.gov/Pages/CPD/HEAU/default.aspx>.

### **What If I Am Not Eligible?**

If you do not qualify for financial assistance under the Financial Assistance Policy, you may qualify for other types of assistance. For more information, please contact Patient Financial Services Department, 900 S. Caton Avenue, Baltimore, MD 21229 or by telephone at 667-234-2140.

**Translations of the Financial Assistance Policy, the Financial Assistance Application and instructions, and this plain language summary are available in the following languages on our website and upon request:**

**Arabic**  
**Burmese**  
**Chinese (Simplified)**  
**Chinese (Traditional)**  
**English**  
**French**  
**Gujarati**  
**Italian**  
**Korean**  
**Russian**  
**Spanish**  
**Tagalog**  
**Urdu**  
**Vietnamese**



**Ascension**

# Letter of support

Patient medical record number/account number \_\_\_\_\_

Supporter's name \_\_\_\_\_

Relationship to patient/applicant \_\_\_\_\_

Supporter's address \_\_\_\_\_

To Ascension:

This letter is to advise that (patient's name) \_\_\_\_\_ receives little to no income and I am assisting with his/her living expenses. He/She has little to no obligation to me.

By signing this statement, I agree that the information given is true to the best of my knowledge.

Signature of supporter \_\_\_\_\_

Date \_\_\_\_\_



# Ascension

[Date]

Dear Patient/Applicant,

Ascension is driven by compassion and dedicated to providing personalized care for all—especially those most in need. It is our mission and privilege to offer financial assistance to our patients. Financial assistance is available only for emergency and other medically necessary care. Thank you for trusting us to care for you and your family for all of your healthcare needs.

We are sending this letter and the attached financial assistance application because we received your request. If you did not request this, please disregard. Please complete both sides, including your signature and date before returning it. If you completed an application within the past six months and were approved for financial assistance, please notify us. You may not need to complete a new application. We will not consider a prior application that is greater than six months old.

Along with the application, please provide a copy of at least one of the following items as your proof of income. If you are married or have lived with a significant other for 6 months or longer, they will also need to provide a copy of at least one of the following items as proof of their income before the application can be processed.

- Copies of 3 most recent paystubs from employer
- Copies of most recent yearly tax return (if self-employed, include all schedules)
- Social Security and/or Pension Retirement Award Letter
- Parent or Guardian's most recent yearly tax return, if applicant is a dependent listed on their tax form and under the age 25
- Other income validation documents
- Copies of bank statements from last 3 months
- Copy of receipt of unemployment benefits

If you receive assistance from or live in a home with a family or friends, please have them complete the attached form labeled "Letter of Support." This will not make them responsible for your medical bills. This will help show how you are able to afford living expenses. If you receive no assistance from family and friends, you do not need to fill out the Letter of Support form.

Finally, please also provide documentation as proof of your outstanding monthly medical and pharmacy/drug costs.

Please know that the completed application along with proof of income must be received in order for the application to be considered. We are unable to process or consider applications that are not complete.

Please keep in mind that communications via email over the internet are not secure. Although it is unlikely, there is a possibility that information you include in an email may be intercepted and read by other parties besides the person to whom it is addressed.

We want to protect your personal information and ensure that it remains secure. Since the application contains your social security number and other private information, we urge you to refrain from emailing it.

Please print and mail or hand deliver your completed application to the following address:

**[STREET]**  
**[SUITE]**  
**[CITY, STATE ZIP]**

If you have any questions about this application, please call one of our Patient Representatives at xxx-xxx-xxxx.

Sincerely,

Patient Financial Services  
Ascension